



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER, GOVERNOR
RICHARD M. ARMSTRONG, DIRECTOR

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BUREAU OF FACILITY STANDARDS
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June 26, 2008

Rene Stephens
Bitterroot Home
1411 Falls Avenue East Suite 703
Twin Falls, ID 83301

RE: Bitterroot Home, Provider #13G022

Dear Ms. Stephens:

This is to advise you of the findings of the Medicaid/Licensure survey of Bitterroot Home, which was conducted on June 12, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 9, 2008**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

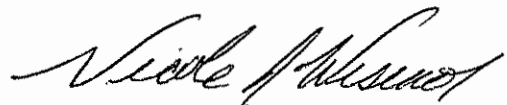
This request must be received by July 9, 2008. If a request for informal dispute resolution is received after July 9, 2008, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MONICA WILLIAMS
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MW/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/26/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2008
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NAME OF PROVIDER OR SUPPLIER

BITTERROOT HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**1806 BITTERROOT DRIVE
TWIN FALLS, ID 83301**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the recertification survey.</p> <p>The surveyors conducting the survey were: Monica Williams, QMRP, Team Leader Jim Troutfetter, QMRP</p> <p>Common abbreviations used in this report are: BMP - Behavior Management Plan DOP - Destruction of Property FBA - Functional Behavioral Assessment HM - Home Manager HRC - Human Rights Committee h.s. - Hour of Sleep IDT - Interdisciplinary Team IPP - Individual Program Plan LPN - Licensed Practical Nurse PO - By Mouth PRN - As Needed Q - Every QAM - Quality Assurance Manager QMRP - Qualified Mental Retardation Professional WIC - Written Informed Consent</p>	W 000		
W 111	<p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to maintain a record keeping system that contained consistent, accurate and comprehensive information for 1 of 3 individuals (Individual #1)</p>	W 111		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Karen Stephens *Administrator* *8/19/08*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 111	<p>Continued From page 1</p> <p>whose records were reviewed. This resulted in a lack of consistent information being available. The findings include:</p> <p>1. Individual #1's IPP, dated 9/6/07, documented a 21 year old male diagnosed with mild mental retardation, attention deficit disorder, and bipolar disorder.</p> <p>a. During a morning observation on 6/10/08 from 6:45 - 8:50 a.m., Individual #1 was noted to receive Celexa (an antidepressant drug) 40 mg during a medication pass observation. Individual #1's psychiatric Progress Note, dated 4/14/08, as well as his Pharmacy Review, dated 4/15/08, documented Individual #1 received Celexa (an antidepressant drug) 40 mg each morning.</p> <p>However, his Physician Orders, dated 2/28/08 and 5/28/08, stated "Celexa 60 mg po Q day x 1 wk. [sic] then 25 mg po Q day x 1 wk then DC [sic] Bi-Polar [sic]." When asked, the LPN stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., Individual #1 did receive Celexa and the information regarding Celexa in the Physician Orders were typos.</p> <p>b. Individual #1's Pharmacy Review, dated 4/15/08, documented Strattera (a central nervous system drug) 100 mg each morning was a current medication. However, his Physician Orders, dated 2/28/08, documented Strattera was discontinued. When asked during an interview on 6/12/08 from 9:05 - 11:30 a.m., the LPN stated the Pharmacist was in a hurry and it was a typo.</p> <p>c. Individual #1's Physician Orders, dated 2/28/08 and 5/28/08, documented Lithium (a central nervous system drug) as an allergy. However, his</p>	W 111	<p>W111:</p> <p>The typos for Individual #1's pharmacy review and in the physician's order have been corrected in regards to the Celexa and Strattera. Information regarding an allergy that was incorrect has been removed from his record. Upon further review, the use of Trazadone is for depressive symptoms related to bi-polar disorder and the physician's order will be updated to reflect his correction.</p> <p>A review of each individual's record, living in the home, will be done to determine if accurate documentation has been conducted to ensure correctness.</p> <p>The facility nurse and Qualified Mental Retardation Professional will meet in person to review medication, diagnosis information for each individual a minimum of one time per month to supplement dietary information added into the Qualified Mental Retardation Professional notes. The pharmacy has implemented a cross check system in conjunction with the facility nurse to ensure records are accurate.</p> <p>The Quality Assurance Manager will participate in the monthly Qualified Mental Retardation Professional meeting reviewing the individual's records at that time.</p> <p>Responsible: Qualified Mental Retardation Professional, Quality Assurance Manager and Nursing Services</p> <p>Date of correction 8/11/08</p>		

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W 111	Continued From page 2 Physician Orders, dated 11/28/07, contained a hand written notation stating Individual #1 was not allergic to Lithium. When asked, the LPN stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., according to Individual #1's physician, Individual #1 was not allergic to Lithium and it needed to be removed from his record. d. Individual #1's Physician Orders, dated 5/28/08, documented Trazodone (an antidepressant drug) 200 mg each evening was for sleep. However, Individual #1's Medication Informed Consent, dated 8/7/07, stated Trazodone was "To treat his depressive symptoms related to bi-polar [sic] disorder." When asked, the LPN stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., Trazodone was for sleep. The QMRP, who was present during the interview, stated the Consent needed to be updated. The facility failed to ensure accurate records were kept for Individual #1.	W 111			
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure a behavioral assessment was completed for 1 of 2 individuals (Individual #1) whose restrictive interventions reviewed. This resulted in a lack of information being available prior to the development of an individual's behavior management plans. The findings include:	W 214			

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W 214	<p>Continued From page 3</p> <p>1. Individual #1's IPP, dated 9/6/07, documented a 21 year old male diagnosed with mild mental retardation, attention deficit disorder, and bipolar disorder. He was admitted to the facility on 8/7/07.</p> <p>Individual #1's Pharmacy Review, dated 4/15/08, and his Physician Orders, dated 5/28/08, documented he received Abilify (an antipsychotic drug) 30 mg each evening for bipolar disorder (defined as physical intimidation, pushing, hitting, gestures and verbal aggression), Celexa (an antidepressant drug) 40 mg each morning for bipolar disorder (defined as refusing to participate in programming, agitation, and reclusion to room), and Depakote (an anticonvulsant drug) 750 mg twice a day for mood stabilization (defined as agitation such as screaming, yelling, and hitting).</p> <p>Individual #1's IPP stated that he had "a history of becoming frustrated and at times physically aggressive." His IPP objectives related to bossing others, teasing others, non-compliance, invading others' space, and agitation.</p> <p>Individual #1's record also contained a Restitution Agreement, dated 12/11/07, which stated "[Individual #1] has exhibited behavior that is aggressive in nature. This aggressive behavior has resulted in property damage..."</p> <p>In addition, Individual #1's Counselor Notes, dated 8/30/07 - 4/4/08, documented he had ongoing issues with violence.</p> <p>However, Individual #1's record did not contain evidence that a behavioral assessment of his maladaptive behaviors had been completed.</p>	W 214	<p>W214: The Functional Behavioral Assessment was reviewed and completed for individual #1. All restitution agreements and protocols have been suspended until further programming and training including least restrictive methods can be attempted prior to restrictive techniques. Each Functional Behavioral Assessment will be reviewed to ensure it is inclusive of all maladaptive behaviors exhibited by the individual and updated as necessary. Included in the Functional Behavioral Assessment will be any diagnostically relevant information. A review/update of completed Functional Behavioral Assessment's will be done annually if not sooner, when the need is warranted, to ensure that the information contained is accurate and applicable to the client's current behavioral need. The Quality Assurance Manager will review the Functional Behavioral Assessment as part of the quality assurance checks to each individual's records to ensure the assessment and individual program plan adequately addresses all maladaptive behavioral concerns. Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional Date of correction 8/11/08</p>		

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W 214	Continued From page 4 When asked, the HM stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., she was asked to complete a behavioral assessment about one week ago. When asked about the delay, the QMRP, who was present during the interview, stated the delay was an oversight.	W 214		
W 227	The facility failed to ensure a behavioral assessment was completed for Individual #1. 483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure the IPP included objectives to meet the needs for 3 of 3 individuals (Individuals #1 - #3) whose IPPs were reviewed. This resulted in a lack of program plans designed to address the needs of individuals in areas most likely to impact their lives. The findings include: 1. Individual #1's IPP, dated 9/6/07, documented a 21 year old male diagnosed with mild mental retardation, attention deficit disorder, and bipolar disorder. a. Individual #1's record included a WIC, dated 12/11/07, related to a restitution agreement for DOP. The agreement stated "To enter into restitution agreement requires [Individual #1] to participate in repair or replacement of any items he purposefully damages or destroys. [Individual	W 227		

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W 227	<p>Continued From page 5</p> <p>#1] will be required to either physically participate in replacement, cleaning of items or monetary restitution for the repair or replacement of any items damaged or destroyed." However, his IPP contained no objective that addressed DOP. When asked during an interview on 6/12/08 from 9:05 - 11:30 a.m., if there was an objective for DOP in his IPP, the QMRP stated there was not.</p> <p>b. Individual #1's Medication Reduction Plan, dated 9/07, stated he received Trazodone (an antidepressant drug) 200 mg each evening for bipolar disorder. However, Individual #1's Physician Orders, dated 2/28/08 and 5/28/08, documented Trazodone was used for sleep. When asked, the LPN stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., Trazodone was used for sleep. When asked, the QMRP, who was present during the interview, stated there was no objective related to sleep in Individual #1's IPP.</p> <p>c. Individual #1's WIC for Abilify (an antipsychotic drug), dated 8/7/07, documented the behavior modifying drug was related to "pushing or hitting, gestures and verbal aggression." However, his IPP contained no objectives related to pushing, hitting, gestures and verbal aggression. When asked during an interview, on 6/12/08 from 9:05 - 11:30 a.m., if there were objectives for the behaviors, the QMRP stated there was not.</p> <p>d. Individual #1's Medication Reduction Plans for Celexa and Abilify, dated 9/07, documented the behavior modifying drugs were for his bipolar disorder which presented in part, as "Reclusion to Room." However, his IPP contained no objective related to "Reclusion to Room" behavior. When asked during an interview on 6/12/08 from 9:05 -</p>	W 227	<p>W227:</p> <p>Each individual's program plan was reviewed and all restitution agreements were suspended until further notice or assessment. The medication in question (Trazadone) for sleep, the objective has been included in the Individual Program Plan as per Addendum procedures. An addendum has been added to include behavioral objectives pertaining to 'hitting', 'pushing' and 'reclusing to room' have been added to the Individual Program Plan. Individual #3's Physical Therapy evaluation recommendations have been added as objectives to his Individual Program Plan. Individual #2's Individual Program Plan objectives have been updated to include the desensitizing to the dentist to reduce the use of a specified drug. Each person's records were reviewed to ensure there were no needs identified by the comprehensive assessment which are not addressed through an objective. The Qualified Mental Retardation Professional with the Quality Assurance Manager and the nursing staff will meet monthly to ensure that current medical/behavioral needs are identified for specific individuals and that identified needs have corresponding programmatic approaches applied to their Individual Program Plans. A new full time Qualified Mental Retardation Professional began working at the facility on 6/18/08, this deficient practice will be addressed systematically as this new Qualified Mental Retardation Professional addresses the over site and management of the individual program plans and assessments. Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional Date of correction 8/11/08</p>		

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W 227	<p>Continued From page 6</p> <p>11:30 a.m., if there was an objective related to the behavior, the QMRP stated there was not.</p> <p>The facility failed to ensure Individual #1's IPP contained specific objectives to meet his sleep and behavioral needs.</p> <p>2. Individual #3's IPP, dated 3/1/08, documented a 21 year old male diagnosed with moderate mental retardation, cerebral palsy with spastic quadriparesis, bilateral hip dysplasia, and a seizure disorder. He used a wheelchair for mobility purposes.</p> <p>Individual #3's Physical Therapy Evaluation, dated 2/21/08, included recommendations to complete range of motion exercises on Individual #3's upper left arm and he was to wear his arm brace 1 hour a day. The Evaluation stated that as Individual #3's tolerance to the brace increased, the length of time (wearing the brace) was to be increased by 15 minutes per month.</p> <p>Individual #3's IPP did not include objectives related to range of motion exercises or wearing the arm brace. When asked, the HM and QMRP both stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., there were no objectives related to the physical therapy recommendations; they were overlooked.</p> <p>The facility failed to ensure Individual #3's IPP included objectives to meet his physical therapy needs.</p> <p>3. Individual #2's IPP, dated 7/12/07, documented an 18 year old male diagnosed with severe mental retardation, cerebral palsy, and autism.</p>	W 227		

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W 227	Continued From page 7 Individual #2's medical record documented Valium (an anti-anxiety drug) 5 mg PRN was used prior to two (2) dental examinations, dated 8/22/07 and 2/26/08, and a vision examination dated 9/24/07. Individual #2's IPP did not include objectives related to desensitizing him to dental and vision examinations. When asked, the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., there were no objectives to desensitize him to dental and vision examinations. The facility failed to ensure objectives were developed to address Individual #2's desensitization needs related to his medical examinations.	W 227		
W 234	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure clear direction to staff was provided in each written training program for 2 of 3 individuals (Individuals #1 and #3) whose records were reviewed. This resulted in a lack of instructions to staff being included in individuals' programs. The findings include: 1. Individual #1's IPP, dated 9/6/07, documented a 21 year old male diagnosed with mild mental retardation, attention deficit disorder and bipolar disorder. a. Individual #1's record included a WIC, dated	W 234		

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W 234	<p>Continued From page 8</p> <p>12/11/07, related to a restitution agreement for DOP. The agreement stated "To enter into restitution agreement requires [Individual #1] to participate in repair or replacement of any items he purposefully damages or destroys. [Individual #1] will be required to either physically participate in replacement, cleaning of items or monetary restitution for the repair or replacement of any items damaged or destroyed." However, his record contained no program that addressed DOP. When asked during an interview on 6/12/08 from 9:05 - 11:30 a.m., if there was a written training program for DOP, the QMRP stated there was not.</p> <p>b. Individual #1's WIC for Abilify (an antipsychotic drug), dated 8/7/07, documented the behavior modifying drug was related to "pushing or hitting, gestures and verbal aggression." However, his record contained no program related to pushing, hitting, gestures and verbal aggression. When asked during an interview, on 6/12/08 from 9:05 - 11:30 a.m., if there were written training programs for the maladaptive behaviors, the QMRP stated there were not.</p> <p>c. Individual #1's Medication Reduction Plans for Celexa and Abilify, dated 9/07, documented the behavior modifying drugs were for his bipolar disorder which presented in part, as "Reclusion to Room." However, his IPP contained no program related to "Reclusion to Room" behavior. When asked during an interview on 6/12/08 from 9:05 - 11:30 a.m., if there was a written training program related to the maladaptive behavior, the QMRP stated there was not.</p> <p>The facility failed to ensure written training program plans related to his maladaptive</p>	W 234	<p>W234: Individual #1's Programming for Restitution has been suspended. Written objectives to address maladaptive behaviors have been established and put into place. Individual #3's walking program now contains specific instructions for staff to accurately perform and complete the program to the greatest therapeutic benefit. Each person's records were reviewed to ensure there were no needs identified by the comprehensive assessment which are not addressed through training methods. The facility nurse and Qualified Mental Retardation Professional will meet in person to review medical/drug information for each individual a minimum of one time per month to supplement dietary information added into the Qualified Mental Retardation Professional notes. Qualified Mental Retardation Professional and Quality Assurance Manager will meet with nursing staff to ensure that current programming is aligned with established needs and meets scrutiny of having all necessary components (Lesser Restrictive, Human Rights Committee, Written Informed Consent, Guardian Approval and other requirements) prior to the introduction of programming. This will occur at meetings at least monthly to review current client populations. A new full time Qualified Mental Retardation Professional began working at the facility on 6/18/08, this deficient practice will be addressed systematically as this new Qualified Mental Retardation Professional addresses the over site and management of the individual program plans and training methods. Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional, Nursing Services Date of correction 8/11/08</p>		

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NAME OF PROVIDER OR SUPPLIER

BITTERROOT HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

1806 BITTERROOT DRIVE
TWIN FALLS, ID 83301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 234	<p>Continued From page 9</p> <p>behaviors were developed for Individual #1.</p> <p>2. Individual #3's IPP, dated 3/1/08, documented a 21 year old male diagnosed with moderate mental retardation, cerebral palsy with spastic quadriparesis, bilateral hip dysplasia, and a seizure disorder. He used a wheelchair for mobility purposes.</p> <p>During an observation at the facility on 6/9/08 at 4:38 p.m., a staff person was noted to put a gait belt around Individual #3's waist, physically assisted him to stand up, and then walked him down the hallway. The staff person was facing Individual #3 and he was noted to have his hands on the staff person's upper arms. The staff person's hands were noted to be holding Individual #3's gait belt, palms down, on either side of Individual #3's waist. The staff person walked backward as Individual #3 walked forward, down the hallway.</p> <p>Individual #3's walking program, dated 3/9/07, stated "With a gait belt, assist [Individual #3] in walking the length of the hallway at the [facility]." The walking program did not include instructions to staff on body positioning, hand placement, or how staff were to hold the gait belt.</p> <p>When asked, the QMRP and LPN both stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., staff were to hold the gait belt in a palms down position. The HM, who was present during the interview, stated Individual #3's staff from his day program requested specific information be added to the walking program and it was being revised.</p> <p>The facility failed to ensure Individual #3's walking</p>	W 234		

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NAME OF PROVIDER OR SUPPLIER BITTERROOT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301		
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W 234	Continued From page 10	W 234			
W 256	<p>program included sufficient instructions to staff.</p> <p>483.440(f)(1)(ii) PROGRAM MONITORING & CHANGE</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure each individual's IPP was revised as appropriate for 1 of 3 individuals (Individual #2) whose IPPs and program summaries were reviewed. This resulted in a regression of an individual's skills without appropriate programmatic revisions being made. The findings include:</p> <p>1. Individual #2's IPP, dated 7/12/07, documented an 18 year old male diagnosed with severe mental retardation, cerebral palsy, and autism.</p> <p>Individual #2's QMRP Review Notes, dated 4/07 - 4/08, showed the following objectives with a lack of consistent progress and no revisions were completed.</p> <p>a. The objective for answering simple yes/no questions was set at an indirect verbal prompt at 90% a month for 6 consecutive months. His QMRP Review Notes, dated 5/07 - 4/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 5/07: 80% - 6/07: 76% - 7/07: 14% - 8/07: 29% 	W 256			

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W 256	<p>Continued From page 11</p> <ul style="list-style-type: none"> - 9/07: 40% - 10/07: 38% - 11/07: 43% - 12/07: 25% - 1/08: 24% - 2/08: 26% - 3/08: 0% - 4/08: 8% <p>Individual #2 failed to show consistent or sustained progress since 5/07, and no revisions were made to address the issue.</p> <p>b. The objective for wiping food from his face and hands was set at a gestural prompt at 80% a month for 4 consecutive months. His QMRP Review Notes, dated 7/07 - 4/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 7/07: 0% - 8/07: 0% - 9/07: 0% - 10/07: 0% - 11/07: 0% - 12/07: 13% - 1/08: 0% - 2/08: 5% - 3/08: 5% - 4/08: 4% <p>Individual #2 failed to show consistent or sustained progress since 7/07, and no revisions were made to address the issue.</p> <p>c. The objective for shaving was set at a partial physical prompt at 70% a month for 3 consecutive months. His QMRP Review Notes, dated 7/07 - 4/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 7/07: 14% - 8/07: 9% - 9/07: 0% 	W 256	<p>W256:</p> <p>Each client's Q notes have been reviewed to ascertain if there is need to adjust programming to facilitated progress. The rule of 3 months without positive progress was utilized to determine what programs need to be addressed. Notations were made and changes will be implemented in the next 30 days.</p> <p>Each individual's Q notes will be reviewed to ensure that revisions are made as necessary when there is notable regression or evidence of loss of skill already gained.</p> <p>A new full time Qualified Mental Retardation Professional began working at the facility on 6/18/08, this deficient practice will be addressed systematically as this new Qualified Mental Retardation Professional addresses the over site and management of the Qualified Mental Retardation Professional notes and the monthly meeting. A new coding system to note changes has been added to the Q notes to indicate a revision for staff instruction, training method, objective (criteria), a new Individual Program Plan or to note when the data is investigated for accuracy.</p> <p>The progress of each person's individual program plan will be reviewed at least one time per month with the Qualified Mental Retardation Responsible: Professional, nurse, Quality Assurance Manager and Facility Manager to ensure that program revisions are identified and implemented in a timely fashion.</p> <p>Date of correction 8/11/08</p>		

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NAME OF PROVIDER OR SUPPLIER

BITTERROOT HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**1806 BITTERROOT DRIVE
TWIN FALLS, ID 83301**

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W 256	<p>Continued From page 12</p> <ul style="list-style-type: none"> - 10/07: 50% - 11/07: 10% - 12/07: 5% - 1/08: 0% - 2/08: 5% - 3/08: 29% - 4/08: 0% <p>Individual #2 failed to show consistent or sustained progress since 10/07, and no revisions were made to address the issue.</p> <p>d. The objective for brushing his teeth was set at a model prompt at 80% a month for 3 consecutive months. His QMRP Review Notes, dated 7/07 - 4/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 7/07: 17% - 8/07: 14% - 9/07: 14% - 10/07: 0% - 11/07: 2% - 12/07: 3% - 1/08: 0% - 2/08: 0% - 3/08: 0% - 4/08: 0% <p>Individual #2 failed to show consistent or sustained progress since 7/07, and no revisions were made to address the issue.</p> <p>e. The objective for brushing his hair was set at a partial physical prompt at 80% a month for 4 consecutive months. His QMRP Review Notes, dated 7/07 - 4/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 7/07: 30% - 8/07: 44% - 9/07: 18% - 10/07: 15% - 11/07: 18% 	W 256		

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W 256	<p>Continued From page 13</p> <ul style="list-style-type: none"> - 12/07: 23% - 1/08: 22% - 2/08: 10% - 3/08: 0% - 4/08: 0% <p>Individual #2 failed to show consistent or sustained progress since 8/07, and no revisions were made to address the issue.</p> <p>f. The objective for self administration of medications was set at an indirect verbal prompt at 80% a month for 6 consecutive months. His QMRP Review Notes, dated 5/07 - 4/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 5/07: 80% - 6/07: 55% - 7/07: 30% - 8/07: 38% - 9/07: 33% - 10/07: 10% - 11/07: 20% - 12/07: 21% - 1/08: 46% - 2/08: 5% - 3/08: 14% - 4/08: 13% <p>Individual #2 failed to show consistent or sustained progress since 5/07, and no revisions were made to address the issue.</p> <p>g. The objective for laundering his clothes was set at a direct verbal prompt at 70% a month for 6 consecutive months. His QMRP Review Notes, dated 4/07 - 4/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 4/07: 40% - 5/07: 17% - 6/07: 0% - 7/07: 0% 	W 256			

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NAME OF PROVIDER OR SUPPLIER BITTERROOT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301
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W 256	<p>Continued From page 14</p> <ul style="list-style-type: none"> - 8/07: 0% - 9/07: 0% - 10/07: 0% - 11/07: 0% - 12/07: 0% - 1/08: 30% - 2/08: 33% - 3/08: 33% - 4/08: 25% <p>Individual #2 failed to show consistent or sustained progress since 4/07, and no revisions were made to address the issue.</p> <p>h. The objective for choosing an activity was set at an indirect verbal prompt at 80% a month for 4 consecutive months. His QMRP Review Notes, dated 5/07 - 4/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 5/07: 79% - 6/07: 27% - 7/07: 0% - 8/07: 25% - 9/07: 0% - 10/07: 0% - 11/07: 0% - 12/07: 0% - 1/08: 0% - 2/08: 17% - 3/08: 0% - 4/08: 5% <p>Individual #2 failed to show consistent or sustained progress since 5/07, and no revisions were made to address the issue.</p> <p>i. The objective for stopping at the curb was set at a direct verbal prompt at 90% a month for 4 consecutive months. His QMRP Review Notes, dated 7/07 - 4/08, showed the following status of the objective:</p>	W 256		

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W 256	<p>Continued From page 15</p> <ul style="list-style-type: none"> - 7/07: 100% - 8/07: 80% - 9/07: 100% - 10/07: 0% - 11/07: 0% - 12/07: 100% - 1/08: 89% - 2/08: 82% - 3/08: 83% - 4/08: 69% <p>Individual #2 failed to show consistent or sustained progress since 12/07, and no revisions were made to address the issue.</p> <p>j. The objective for using his communication system to make choices was set at an indirect verbal prompt at 80% a month for 3 consecutive months. His QMRP Review Notes, dated 7/07 - 4/08, showed the following status of the objective:</p> <ul style="list-style-type: none"> - 7/07: 37% - 8/07: 19% - 9/07: 40% - 10/07: 19% - 11/07: 39% - 12/07: 14% - 1/08: 16% - 2/08: 13% - 3/08: 0% - 4/08: 3% <p>Individual #2 failed to show consistent or sustained progress since 9/07, and no revisions were made to address the issue.</p> <p>When asked about the objectives noted above, the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., the objectives had not been revised.</p> <p>The facility failed to ensure objectives were</p>	W 256			

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W 256	Continued From page 16 revised when Individual #2 failed to make progress toward them.	W 256	W262: Human Rights Committee consent was obtained verbally for Individual #2's valium medication.		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the human rights committee for 1 of 2 individuals (Individual #2) whose restrictive interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior approvals on restrictive interventions. The findings include: 1. Individual #2's IPP, dated 7/12/07, documented an 18 year old male diagnosed with severe mental retardation, cerebral palsy, and autism. Individual #2's medical record documented Valium (an anti-anxiety drug) 5 mg PRN was used prior to two (2) dental examinations, dated 8/22/07 and 2/26/08, and a vision examination, dated 9/24/07. Individual #2's record included a written informed consent which stated it was for "Valium 5 mg one hour prior to the appointment on 12/04/06." When asked about HRC approval for the 2007 and 2008 medical examinations as noted above,	W 262	Each of the individual's files has been reviewed Human Rights Committee approval. Written Informed Consents and associated programs have been revised to accommodate the appropriate dates in question. Updates to the Written Informed Consents have been obtained at least in verbal form from the Human Rights Committee. A scrutiny of each resident's file has been done to ensure that for every restrictive program or medication, appropriate Written Informed Consent has been obtained from parent guardian and garnered Human Rights Committee approval. A stronger scrutiny of annual reviews will be done by Qualified Mental Retardation Professional and Quality Assurance Manager with nursing to ensure that Human Rights Committee reviews take place prior to implementation and at least annually, if not sooner. As each person's information is reviewed for annual assessment and Individual Program Plan development, the Written Informed Consent will be updated during the Pre-Individual Program Plan meeting process. Quarterly file reviews by Qualified Mental Retardation Professionals and Quality Assurance Manager will be done to ensure that current restrictive programming, medications have Human Rights Committee approval prior to (concurrent to) implementation. During the Quarterly Registered Nurse file reviews, nursing staff will review the Written Informed Consents to ensure that Human Rights Committee consent is current and on file. Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional, Nursing Services Date of correction 8/11/08		

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W 262	Continued From page 17 the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., HRC approval had not been obtained for those.	W 262			
W 263	<p>The facility failed to ensure the facility's HRC approved the use of Valium PRN prior to Individual #2's medical examinations.</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure restrictive interventions were implemented only with the approval of the parent/guardian for 1 of 2 individuals (Individual #2) whose restrictive interventions were reviewed. This resulted in a lack of protection of an individual's rights through prior approval of a restrictive intervention. The findings include:</p> <p>1. Individual #2's IPP, dated 7/12/07, documented an 18 year old male diagnosed with severe mental retardation, cerebral palsy, and autism.</p> <p>Individual #2's medical record documented Valium (an anti-anxiety drug) 5 mg PRN was used prior to two (2) dental examinations, dated 8/22/07 and 2/26/08, and a vision examination dated 9/24/07.</p> <p>Individual #2's record included a written informed consent which stated it was for "Valium 5 mg one</p>	W 263	<p>W263 Guardian verbal consent was granted for Individual #2's valium use for medical appointments by the guardian. The Written Informed Consents will be obtained and on file with guardian consent for the use the medication in question.</p> <p>A systematic review of all files of individuals residing in the home has been done to determine if there are any restrictive measures that have Written Informed Consents that have lapsed or need annual/update or procedural review. Quarterly review of files will take place by Qualified Mental Retardation Professionals and Quality Assurance Manager to ensure that any established programming associated with restrictive measures has approved Written Informed Consents on file and are current to date. Qualified Mental Retardation Professional with Quality Assurance Manager and nursing will meet at least monthly to review current programming and medical needs to ensure that any new restrictive programming will gain appropriate approval after Team review. Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional, Nursing Services Date of correction 8/11/08</p>		

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W 263	Continued From page 18 hour prior to the appointment on 12/04/06."	W 263			
W 278	<p>When asked about guardian consent for the 2007 and 2008 medical examinations as noted above, the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., guardian consent had not been obtained for those.</p> <p>The facility failed to ensure consent was obtained from Individual #2's guardian prior to using Valium PRN for his medical examinations.</p> <p>483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure an individual's record included evidence of least restrictive or more positive techniques being utilized prior to the use of restitution to manage behavior for 1 of 2 individuals (Individual #1) whose restrictive interventions were reviewed. This resulted in the potential for an individual to be subjected to restrictive interventions unnecessarily. The findings include:</p> <p>1. Individual #1's IPP, dated 9/6/07, documented a 21 year old male diagnosed with mild mental retardation, attention deficit disorder, and bipolar disorder.</p>	W 278			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER BITTERROOT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 278	Continued From page 19 Individual #1's record included a WIC, dated 12/11/07, that included a restitution agreement related to DOP. The agreement stated "To enter into restitution agreement requires [Individual #1] to participate in repair or replacement of any items he purposefully damages or destroys. [Individual #1] will be required to either physically participate in replacement, cleaning of items or monetary restitution for the repair or replacement of any items damaged or destroyed." Individual #1's record contained no evidence of less restrictive interventions being tried and proven ineffective prior to the agreement. When asked for evidence, the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., there might have been other things tried but she would have to search historical records. No evidence of less restrictive interventions being tried and proven ineffective prior to the restitution agreement was provided to the survey team by 6/18/08. The facility failed to ensure there was sufficient evidence of less restrictive alternatives that were systematically tried and proven ineffective prior to implementing a restitution agreement for Individual #1.	W 278	W278: A suspension of the restrictive restitution agreement was implemented for individual #1 on June 1, 2008. In addition, programming directed towards prevention of property destruction, teaching methods and response instructions were implemented. Each individual's record was reviewed to ensure that restrictive measures were not being utilized prior to more restrictive techniques to manage maladaptive behaviors. A new full time Qualified Mental Retardation Professional began working at the facility on 6/18/08, this deficient practice will be addressed systematically as this new Qualified Mental Retardation Professional addresses the over site and management of the individual program plans and assessments. Each person will have behavioral management plans directed to least restrictive or more positive techniques prior to the application of more restrictive techniques. The Qualified Mental Retardation Professional with the Quality Assurance Manager and the nursing staff will meet monthly to ensure that current needs are identified for specific individuals and that identified needs have corresponding programmatic approaches applied to their Individual Program Plans. Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional, Nursing Services Date of correction 8/11/08		
W 289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.	W 289			

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W 289	<p>Continued From page 20</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure techniques used to manage inappropriate behavior were incorporated into program plans for 1 of 2 individuals (Individual #1) whose restrictive interventions were reviewed. This resulted in a restrictive intervention being used that was not included in an individual's program plan. The findings include:</p> <p>1. Individual #1's IPP, dated 9/6/07, documented a 21 year old male diagnosed with mild mental retardation, attention deficit disorder, and bipolar disorder.</p> <p>Individual #1's record included a WIC, dated 12/11/07, that included a restitution agreement related to DOP. The agreement stated "To enter into restitution agreement requires [Individual #1] to participate in repair or replacement of any items he purposefully damages or destroys. [Individual #1] will be required to either physically participate in replacement, cleaning of items or monetary restitution for the repair or replacement of any items damaged or destroyed."</p> <p>Individual #1's IPP did not contain an objective or plan related to destruction of property and restitution. When asked, the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., Individual #1 had no objective or program plan related to destruction of property and restitution.</p> <p>The facility failed to ensure the use of restitution to manage DOP behavior was incorporated in Individual #1's program plan.</p>	W 289	<p>W289: The Individual Program Plan for Individual #1 was revised and the corresponding Behavior Management Plan includes specific instructions to staff to ensure that the restrictive measures can be systematically addressed by staff. The behavior management plan, for individual #1 was revised to remove the use of restitution methods due to restrictive measures not being systematically approached and approved. Review of each residents files were reviewed to determine if there was a consistent application of interventions from Written Informed Consent, Individual Program Plan, Human Rights Committee approval and direction to staff. Each person's records were reviewed to ensure there were no restrictive interventions being used that were not included in the individual's program plan. A new full time Qualified Mental Retardation Professional began working at the facility on 6/18/08, this deficient practice will be addressed systematically as this new Qualified Mental Retardation Professional addresses the over site and management of maladaptive behavior plans and restrictive techniques to ensure these are implemented as part of the Individual Program Plan. The Qualified Mental Retardation Professional with the Quality Assurance Manager and the nursing staff will meet monthly to ensure that restrictive techniques are applied to their Individual Program Plans. Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional, Nursing Services Date of correction 8/11/08</p>		
W 312	483.450(e)(2) DRUG USAGE	W 312			

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W 312	<p>Continued From page 21</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individual's IPP that were directed specifically towards the reduction of and eventual elimination of the behavior for which the drugs were used for 2 of 3 individuals (Individuals #1 and #2) whose behavior modifying drugs were reviewed. This resulted in individuals receiving behavior modifying drugs without appropriate plans that identified drug usage and how they may change in relation to progress or regression. The findings include:</p> <p>1. Individual #1's IPP, dated 9/6/07, documented a 21 year old male diagnosed with mild mental retardation, attention deficit disorder, and bipolar disorder.</p> <p>a. Individual #1's Physician Orders, dated 5/28/08, stated he received Depakote (an anticonvulsant drug) 750 mg twice a day for mood stabilization. However, Individual #1's record did not contain a plan related to the use or reduction of Depakote. When asked, the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., Individual #1 did not have a plan.</p> <p>b. Individual #1's Medication Reduction Plan,</p>	W 312	<p>W312: Each individual's program plan was reviewed and specifics methods were implemented to address the identified individual's needs. Individual #1's Medication Reduction Plan now contains a measure to reduce the use of Depakote. Individual #1's Medication Reduction Plan has been revised and contains specific objective measures for Abilify, Celexa and Trazadone. Individual #2's Medication Reduction Plan has been revised and re-written to include objectives specific to the use of Valium and the reduction of use of said medication in a programmatic fashion.</p> <p>Each person's records were reviewed to ensure there were no prescribed medications which were not part of the Individual Program Plan with a specific reduction plan and related training objectives to reduce the necessity of restrictive techniques and/or medications. The facility nurse and Qualified Mental Retardation Professional will meet in person to review each person's file for drugs used for the control of inappropriate behaviors to ensure it is used only as part of an integral part of the Individual Program Plan and a specific reduction and eventual elimination is employed. Qualified Mental Retardation Professional and Quality Assurance Manager will meet with nursing staff to ensure that current programming is aligned with established needs and meets scrutiny of having all necessary components (Lesser Restrictive, Human Rights Committee, Written Informed Consent, Guardian Approval and other requirements) prior to the introduction of programming. This will occur at meetings at least monthly to review current client populations. A new full time Qualified Mental Retardation Professional began working at the facility on 6/18/08, this deficient practice will be addressed systematically as this new Qualified Mental Retardation Professional addresses the over site and management of the individual program plans and training methods.</p> <p>Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional, Nursing Services Date of correction 8/11/08</p>		

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W 312	<p>Continued From page 22</p> <p>dated 9/07, stated he received Abilify (an antipsychotic drug) 30 mg each evening for bipolar disorder. The signs and symptoms section of the plan stated Abilify was related to Individual #1's refusing to participate in programming, agitation, and reclusion to room. The "Medication Reduction Plan Objective" section stated "When [Individual #1] has exhibited 20% less behaviors than established baseline, associated with the use of Abilify, for 6 consecutive months it will be reduced to 20 mg h.s." However, the plan was not specific as to what the established baseline was or which behavior(s) were being tracked for the purposes of reduction. When asked during an interview on 6/12/08 from 9:05 - 11:30 a.m., what the behavioral criteria was for reducing Abilify, the QMRP stated Individual #1 did not have one and the plan needed to be revised.</p> <p>c. Individual #1's Medication Reduction Plan, dated 9/07, stated he received Celexa (an antidepressant drug) 40 mg each morning for bipolar disorder. The signs and symptoms section of the plan stated that Celexa was related to Individual #1's refusing to participate in programming, agitation, and reclusion to room. The "Medication Reduction Plan Objective" section stated "To be established by Treatment Team after baseline has been established." When asked during an interview on 6/12/08 from 9:05 - 11:30 a.m., what the behavioral criteria was for reducing Celexa, the QMRP stated Individual #1 did not have one and the plan needed to be revised.</p> <p>d. Individual #1's Medication Reduction Plan, dated 9/07, stated he received Trazodone (an antidepressant drug) 200 mg each evening for</p>	W 312			

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NAME OF PROVIDER OR SUPPLIER

BITTERROOT HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

1806 BITTERROOT DRIVE

TWIN FALLS, ID 83301

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W 312	<p>Continued From page 23</p> <p>bipolar disorder. The signs and symptoms section of the plan stated that Trazodone was related to Individual #1's refusing to participate in programming, agitation, and reclusion to room. The "Medication Reduction Plan Objective" section for Trazodone was blank.</p> <p>However, Individual #1's Physician Orders, dated 2/28/08 and 5/28/08, documented Trazodone was used for sleep. When asked, the LPN stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., Trazodone was used for sleep. When asked about an objective related to sleep, the QMRP, who was present during the interview, stated Individual #1 did not have an objective related to sleep.</p> <p>The facility failed to ensure Individual #1's medication reduction plans were adequately developed.</p> <p>2. Individual #2's IPP, dated 7/12/07, documented an 18 year old male diagnosed with severe mental retardation, cerebral palsy, and autism.</p> <p>Individual #2's medical record documented Valium (an anti-anxiety drug) 5 mg PRN was used prior to two (2) dental examinations, dated 8/22/07 and 2/26/08, and a vision examination dated 9/24/07.</p> <p>Individual #2's IPP did not include objectives related to desensitizing him to dental and vision examinations. When asked, the QMRP stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., there were no objectives to desensitize Individual #2 to dental and vision examinations. When asked about a plan to reduce the use of Valium PRN, the QMRP stated there was no plan.</p>	W 312		

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W 312	Continued From page 24	W 312			
W 460	<p>The facility failed to ensure objectives were developed to address Individual #2's desensitization needs and plans were developed to address the reduction of Valium PRN.</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure individuals received a nourishing, well balanced diet including specially-prescribed diets for 1 of 3 individuals (Individual #1) whose nutritional records were reviewed. This resulted in the potential for an individual not receiving a specially prescribed diet as ordered by the physician. The findings include:</p> <p>1. Individual #1's IPP, dated 9/6/07, documented a 21 year old male diagnosed with mild mental retardation. He was admitted to the facility on 8/7/07 and his weight was noted to be 234.6 pounds at that time. Individual #1's 5/08 "Monthly Recap of Vital Signs" documented his weight was 259 pounds.</p> <p>During an evening observation on 6/9/08 from 5:35 - 6:50 p.m., Individual #1 was observed to eat dinner. He was noted to eat 3 large servings of hashbrown casserole and 3 croissant rolls. Additionally, during a morning observation on 6/10/08 from 6:45 - 8:50 a.m., Individual #1 was observed to eat breakfast which included 2 slices</p>	W 460	<p>W460:</p> <p>Individual #1's Excluded Foods List has been clearly listed and programmatically addressed so that staff is adequately trained to implement the doctor/dietitian's recommendations. Each individual's Doctor's orders/Dietitian's recommendations will be reviewed to identify any necessary repairs and/or training programs. The Qualified Mental Retardation Professional, Nursing staff, and Facility manager will meet at least monthly to discuss, current specific, or ongoing medical/dietary needs associated with specific individuals. The Qualified Mental Retardation Professional with the Quality Assurance Manager and the nursing staff will meet at least monthly to ensure that any adaptive equipment is addressed on an ongoing basis as necessary. Responsible: Quality Assurance Manager, Qualified Mental Retardation Professional, Nursing Services Date of correction 8/11/08</p>		

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NAME OF PROVIDER OR SUPPLIER

BITTERROOT HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

**1806 BITTERROOT DRIVE
TWIN FALLS, ID 83301**

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W 460	<p>Continued From page 25 of bread with margarine</p> <p>Individual #1's record contained a document titled "Diet Suggestions For [Individual #1]" which listed various "Eliminated" food items due to his complaints of "stomach distress after eating certain foods." The "Eliminated" list identified sour cream, cream based soup, croissants, and margarine which Individual #1 was noted to eat during the above noted observations. When asked, the LPN stated during an interview on 6/12/08 from 9:05 - 11:30 a.m., the "Eliminated" food list was still current and staff were to follow it.</p> <p>Additionally, Individual #1's Physician Orders, dated 11/28/07, 2/28/08, and 5/28/08 documented he was to receive a low fat bland diet. His Laboratory Report, dated 10/26/07, showed his Triglycerides were 207 (normal range was identified as 30 - 150) and his LDL Cholesterol was 109 (normal range was less than 100).</p> <p>Further, a Dietary Recommendations note, dated 4/30/08, stated "An order was written for [Individual #1] to follow a low fat bland diet in December. This order was not forwarded and a menu has not been developed. The low fat diet will likely benefit [Individual #1] and will likely encourage a healthy weight loss. [Individual #1] has gained about 25# (pounds) since moving to [the facility]." When asked during an interview on 6/12/08 from 9:05 - 11:30 a.m., why the diet order signed by the physician was not forwarded to the dietician, the LPN stated she forgot.</p> <p>The facility failed to ensure Individual #1's "Eliminated" food list was followed, he received a</p>	W 460		

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W 460	Continued From page 26 low fat bland diet, and that his diet order was forwarded to the dietician such that the dietician could develop an individualized menu for Individual #1.	W 460		

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MM191	16.03.11.075.09(c) Last Resort Physical restraints must not be used to limit resident mobility for the convenience of staff, and must comply with life safety requirements. If a resident's behavior is such that it will result in injury to himself or others and any form of physical restraint is utilized, it must be in conjunction with a treatment procedure designed to modify the behavioral problems for which the patient is restrained and, as a last resort, after failure of attempted therapy. This Rule is not met as evidenced by: Refer to W278.	MM191	MM191 – see response for W278	
MM194	16.03.11.075.10(a) Approval of Human Rights Committee Has been reviewed and approved by the facility's human rights committee; and This Rule is not met as evidenced by: Refer to W262.	MM194	MM194 – see response W262	
MM196	16.03.11.075.10(c) Consent of Parent or Guardian Is conducted only with the consent of the parent or guardian, or after notice to the resident's representative; and This Rule is not met as evidenced by: Refer to W196.	MM196	MM196 – see response for W196	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility, and This Rule is not met as evidenced by:	MM197	MM197 - response for W289 & W312	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TITLE

BK2W11

(X9) DATE

8/19/08

If continuation sheet 1 of 5

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MM197	Continued From page 1 Refer to W289 and W312.	MM197			
MM380	<p>16.03.11.120.03(a) Building and Equipment</p> <p>The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 6 of 6 individuals (Individuals #1 - 6) residing in the facility. The findings include:</p> <p>An environmental review was conducted at the facility on 6/10/08 from 12:20 - 1:10 p.m., and the following concerns were noted:</p> <p>Garage - There were several items on the floor including two box springs, two mattresses, three broken dressers, blankets, bikes, broken chairs, boxes, closet doors, large plastic bins, lawn furniture, a television, wall pictures, a computer monitor, and a bucket seat from a van. The garage was cluttered and was in need of being cleaned and organized.</p> <p>Outside - There was no covering on the light bulb which was located to the right side of the front door.</p> <p>Front Bathroom:</p>	MM380			

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NAME OF PROVIDER OR SUPPLIER BITTERROOT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301		
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MM380	<p>Continued From page 2</p> <ul style="list-style-type: none"> - The right door cabinet below sink had a broken hinge. <p>Back Bathroom:</p> <ul style="list-style-type: none"> - There was no cover on the florescent light. - The left door was missing from the cabinet which was located above the toilet. - The sink was slow to drain. <p>Hallway:</p> <ul style="list-style-type: none"> - The plastic cover on the florescent light was broken. <p>Kitchen:</p> <ul style="list-style-type: none"> - The hinge on the cabinet above the stove was loose. - The handle was missing from the cabinet door which was located next to the cabinet that contained knives. - The large drawer to the left of the stove was broken. - There was a drawer missing under kitchen counter. <p>Individual #1's bedroom:</p> <ul style="list-style-type: none"> - The water in the fish tank was noted to be murky. - There were several items on the floor including pillows, a pillowcase, electrical cords, cassette tapes, towels, a necktie, combs, pens, socks, paper, and plastic hangers. His room was in need of being cleaned and organized. <p>Individual #4's bedroom:</p> <ul style="list-style-type: none"> - There were three (3) fist sized holes in the wall above his bed. - There were several items on the floor including batteries, socks, bits of paper, coins, cassette tapes, and small toys. His room was in need of cleaning. 	MM380	<p>MM380</p> <p>All repairs and maintenance have been done. All items listed on this tag were remedied as of 8/11/08.</p> <p>Facility Manager will add these items to the building inspection. Administrator and Quality Assurance will do random building inspections to ensure compliance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/12/2008
NAME OF PROVIDER OR SUPPLIER BITTERROOT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM380	Continued From page 3 Individual #3 and Individual #5's bedroom: - The window blind was bent. - There were dirty clothes, pieces of paper, and small toys laying on the floor near Individual #5's bed. Individual #6's bedroom: - There was a softball sized hole in his bedroom door. - There was no screen on Individual #6's bedroom window.	MM380		
MM570	16.03.11.210.05(b) Medications and Treatments A record of all medications and treatments prescribed and administered; and This Rule is not met as evidenced by: Refer to W111.	MM570	MM570 - response for W111	
MM678	16.03.11.250.08(c) Individual Resident's Needs Foods must be served in a form to meet individual resident's needs; This Rule is not met as evidenced by: Refer to W460.	MM678	MM678 - response for W460	
MM729	16.03.11.270.01(d) Treatment Plan Objectives The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by: Refer to W227.	MM729	MM729 - response for W227	
MM730	16.03.11.270.01(d)(i) Diagnostic and Prognostic Data	MM730		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G022	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/12/2008
NAME OF PROVIDER OR SUPPLIER BITTERROOT HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1806 BITTERROOT DRIVE TWIN FALLS, ID 83301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
MM730	Continued From page 4 Based on complete and relevant diagnostic and prognostic data; and This Rule is not met as evidenced by: Refer to W214.	MM730	MM730 - response for W214		
MM855	16.03.11.270.08(c) Training and Habilitation Record There must be a functional training and habilitation record for each resident maintained by and available to all training and habilitation staff which shows evidence of training and habilitation service activities designed to meet the objectives set for every resident. This Rule is not met as evidenced by: Refer to W234.	MM855	MM855 - response for W234		
MM861	16.03.11.270.08(f)(iii) Periodic Review Initiating periodic review of each individual plan of care for necessary modifications or adjustments. This Rule is not met as evidenced by: Refer to W256.	MM861	MM861 - response for W256		